

ANNUAL REPORT OF HEARING TESTING

Reporting School Year _____

**REPORT DUE JUNE 30
CURRENT SCHOOL YEAR**

CDS Code Number <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">County</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">District</div> </div>	School District	Superintendent	
Address (number and street)		City	ZIP Code
Period Covered From: _____ To: _____		Supervisor of Health Name: _____ Title: _____	
		Office Telephone Number () ()	

GRADES IN DISTRICT Check Box for Highest Grade in District (1)	Enter Number of Pupils Enrolled in EACH GRADE as of the October (CBEDS) Report (2)	INITIAL SCREENING	RESULTS	DISPOSITION AND FOLLOW-UP	
		Number of Pupils Screened Per Sec. 2951(c), CCR, Title 17 (3)	Number of Pupils Failed Both Threshold Tests Per Sec. 2951(d), CCR, Title 17 (4)	Number of Pupils Referred for Medical and/or Audiological Evaluation [From Col. (4)] (5)	Number of Pupils Examined by Doctor and/or Audiologist or Under Treatment (6)
<input type="checkbox"/> K					
<input type="checkbox"/> * or 1					
<input type="checkbox"/> * 2					
<input type="checkbox"/> 3					
<input type="checkbox"/> 4					
<input type="checkbox"/> * 5					
<input type="checkbox"/> 6					
<input type="checkbox"/> 7					
<input type="checkbox"/> * 8					
<input type="checkbox"/> 9					
<input type="checkbox"/> 10					
<input type="checkbox"/> * or 11					
<input type="checkbox"/> 12					

* All pupils in these grades shall be tested annually (Section 2951(c), CCR, Title 17).

SPECIAL EDUCATION: (See instructions on reverse side of this form.)

DISTRIBUTION OF COPIES

- ☐ Hearing Conservation Specialist
Department of Health Services
Children's Medical Services Branch
MS 8103
P.O. Box 942732
Sacramento, CA 94234-7320

- ☐ County Superintendent of Schools

TESTING CONDUCTED

Testing was conducted by the following personnel employed by the District:

- ☐ District School Nurse–Audiometrist, per Section 49420, CEC and Section 2950, CCR, Title 17.
☐ District School Audiometrist, per Section 44879, CED.
☐ District Speech/Hearing Specialist, per Section 49454, CED.

Testing was conducted by qualified personnel employed by:

- ☐ _____ County Office of Education
☐ _____ County Health Department
☐ _____

A private agency authorized by the County Superintendent, per Section 49452, CEC.

SEE OTHER SIDE FOR INSTRUCTIONS.

**INSTRUCTIONS FOR COMPLETING FORM PM 100
ANNUAL REPORT OF HEARING TESTING**

A. Complete identifying information. Insert reporting school year. Your District's "CDS CODE NUMBER" can be obtained from the California Public School Directory; it designates your COUNTY and DISTRICT, i.e., 19-64212 is the Code Number for the ABC Unified Schools in Los Angeles County. The PERIOD COVERED will include the date the hearing testing was started and the date when *testing and follow-up* were completed.

B. COLUMN (1). **GRADES IN DISTRICT:** Please *check* box for the highest grade in your District.

COLUMN (2). **Number of Pupils ENROLLED in Each Grade:** Enter the number of pupils enrolled in *ALL GRADES* as of the October (R-30) report made to the California Department of Education.

COLUMN (3). **INITIAL SCREENING: Number of Pupils SCREENED:** Enter the number of pupils in each grade that were *screened* per Section 2951(c), California Code of Regulations (CCR), Title 17. (Figures for tests conducted in all grades SHALL be included.)

COLUMN (4). **Number of Pupils who FAILED BOTH THRESHOLD TESTS:** Enter number of pupils who failed BOTH THRESHOLD TESTS per Section 2951(d), CCR, Title 17.

COLUMN (5). **Number of Pupils REFERRED for Medical and/or Audiological Evaluation:** From column number (4), enter the number of pupils who were referred per Section 2951(d), CCR, Title 17.

COLUMN (6). **Number of Pupils EXAMINED by Doctor and/or Audiologist or Under Treatment:** From column number (5), enter the number of pupils who reached the doctor and/or audiologist, were examined, or who are known to be receiving treatment.

C. **SPECIAL EDUCATION:** Briefly describe the audiometric, audiological, and medical services used when evaluating and placing pupils in need of special education. (You may attach additional information if necessary.)

D. Check the appropriate boxes describing testing personnel. *If any of the testing services were provided by contract with an authorized agency, per CEC, Section 49452, enter the name of the agency, organization, or company. A county office of education and the county health department are considered to be "authorized agencies."*

E. Check the distribution and send copies of the report as indicated.

THIS REPORT IS DUE ON OR BEFORE JUNE 30 OF THE CURRENT SCHOOL YEAR